2009 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P07000065723					prins 1 1	~~	
1. Entity Name					FIL	.ED	
COMP MADE SIMI	PLE, INC.				09 SEP 24 AM II: 49		
Principal Place of Business Mailing Address					CATOGOUS	Y OF STAT	F
13710 S.W. 40TH STREET ROAD 13720 S.W. 40TH STREET			ET DUAD	SECRETARY OF STATE AD TALLAHASSEE, FLORIDA			
OCALA, FL 34473 OCALA, FL 34473			LI ROAD		IMELMINO	JEE, I EORI	νn
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Principal Place of Business - No P.O. Box # 3. Mailing Address							
1805 SE 16th Avenue 1805 SE 16th Avenue				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(INE) (I INE)
Suite, Apt. #, etc. Suite, Apt. #, etc. /30/				09212009	ERISTATEN	₹2È098 (1/07 (08-09
City & State City & State				4. FEt Numb	er	A	plied For
Ocala R Ocala R							ot Applicable
^{Zip} 34471	Country	Zip 34471	Country USA	5. Certificate	of Status Desired	\$8.75 Add	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
Name							
WILSON, DAVID A E 201 S.W. SECOND S	Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 101							
OCALA, FL 34474							
	<u> </u>		City			FL Zip Code	
8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Slow Jure. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algneture required when reinstating) DATE							
FILE NOW!!!	FEE IS \$300.00				In accordance with s. corporation did not rec	607.193(2)(b), ceive the prior r	F.S., the notice.
10.	OFFICERS AND D	RECTORS	11.		CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
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12. I hereby certify that the indicated on this report of the corporation and	information supplied with the or supplemental report is to	his filing does not qualify for rue and accurate and that m	the exemptions con by signature shall have as required by Chan	ntained in Chapter 119 veithe same legal effection 607. Florida Statists	, Florida Statutes. I further that if made under oath; the second that my name appear	certify that the in at I am an officer	or director
12. I hereby certify that the indicated on this report of the corporation of the changed, or on any attach.	information supplied with the or suppliemental report is to preceive of trustee empowerment with an address, with the control of the control	nis filmg does not qualify for rue and accurate and that m vered to execute this report a th all other like empowered.	the exemptions colly signature shall has required by Chap	ntained in Chapter 119 ve the same legal effec iter 607, Florida Statute	I, Florida Statutes I further et as if made unger oath; the es; and that my name appea	certify that the in at I am an officer ars in Block 10 or	or director Block 11 if
12. I hereby certify that the indicated on this report of the corporation or the changed, or on an attachment of the changed.	information supplied with the or supplemental report is to a receiver of trustee empowers the empower of trustee empowers and or service of trustee empowers with the control of the control of the control of the control of trustees and the control of the control	his firmg does not qualify for rue and accurate and that m rered to execute this report a thalf other like empowered.	the exemptions con ly signature shall has as required by Chap	ntained in Chapter 119 ve the same legal effec oter 607, Florida Statute	, Florida Statutes. I further that if made under oath; the sis; and that my hame appear	certify that the in at I am an officer ars in Block 10 or	nformation or director Block 11 if